

### Auditor Charles E. Walder

Chief Fiscal Officer

### **Return Voucher Form**

Date: 04/18/24

To: Elected Official, Department head, or Accounting Staff of Juvenile Court

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2024-00001024 Susan Ebersbacher \$46.90

Dept. Head Signature Missing on Cover	Incorrect Vendor Numbers (s)
Incorrect Account Number	Incorrect/No Encumbrance No.
Incorrect Remit Address	Incorrect Voucher Amount
Insufficient Cash Balance Available	Incorrect G/L Date
Batch not Approved in New World	Expense Precede Encumbrance
Insufficient Balance Available on PO	Remit Copy Missing
Missing Original Invoice/Supporting Documents	Due Date Deadline Missed
Missing "OK to Pay" Initials/Signature	Other

Courthouse Annex, 231 Main Street, Suite 1A, Chardon, OH 44024-1293

Direct Line: (440) 279-1600

FAX: Fiscal Office (440) 279-2184 \* Real Estate/Appraisal (440) 286-4359

Web site: http://www.auditor.co.geauga.oh.us Email: auditor@co.geauga.oh.us

### **AUDITORS CERTIFICATION OF FUNDS** O.R.C. 5705.41D

Geeuga County, Chardon, Ohio January 3, 2024 I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of

\$2,500,00
has been lawfully approved, authorized or directed for such purpose and is in the Treasury or in the process of collection to the credit of the fund listed next to the item below, free from any previous encumbrances

### CHARLES E WAI DER

GEAUGA COUNTY AUDITOR  by, Deputy Auditor	GEAUGA CO. BOARD OF COMMISSIONERS: SESSION RESOLUTION JOURNAL PAGE	
GEAUGA COUNTY FEDERAL I.D. NO. 34-6001208 SALES AND USED TAX EXEMPTION - POLITICAL SUBDIVISION STATE OF OHIO	BUDGET APPROVAL - ENCUMBVOUCHER	
FOR AUDITORS USE ONLY Date  Then and Now Certificate:  Warrant Received by  Date	PURCHASED FROM:  Susan Ebersbacher	
SHIP TO: GEAUGA COUNTY PROBATE / JUVENILE COURT -JUDGE GRENDELL 231 MAIN STREET SUITE 2 CHARDON, OH 44024	INVOICE TO: GEAUGA COUNTY PROBATE / JUVENILE COURT -JUDGE GRENDELL 231 MAIN STREET SUITE 2 CHARDON, OH 44024	
	DEPARTMEN NEAD SIGNATURE	
QUANTITY UNIT   FUND   DESCRIPTION   Travel Expenses, Other - Travel   2051   2051-007-00-902 - Travel 2,500 00	UNIT COST TOTAL COST 2,500 0000 \$2,500 00	
March	2024	
	RECEIVED APR 17 2024	
	Geauga County Auditor	

WARRANT NO. VOUCHER DATE VOUCHER AMOUNT

TOTAL DUE

\$2,500.00

46.90

ACCOUNT NO.

4/22/2024

ADJUSTMENT

PURCHASE ORDER NO. 2024-00001448

P.O. DATE

1099 AMT.

01/03/2024

Presented by Court as a courtesy only, NOT statutorily required

See State ex rel. Grendell v. Walder, Slip Opinion No. 2022-Ohio-204

FILED IN COMMON PLEAS COURT

### IN THE COURT OF COMMON PLEAS JUVENILE DIVISION GEAUGA COUNTY, OHIO

2024 APR 17 PM 2: 15

PROBATE-JUVENILE DIVISION

IN RE:	GEAUGA COUNTY, OHIO  ) JUDGE TIMOTHY J. GRENDELL
	)
JUVENILE COURT	
EXPENDITURES	) PROPER ADMINISTRATIVE ORDER
EBERSBACHER, SUSAN	) 2024-126

Pursuant to R.C. 5705.42, 2303.201(E)(1), 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$46.9 (Forty Six Dollars and Ninety Cents) from 2051-007-00-902 payable to EBERSBACHER, SUSAN, for employee mileage reimbursement, which the Juvenile Court has determined to be an expenditure for a proper public purpose. Kindly provide this Court with the original check which it will mail to the vendor.

Pursuant to R.C. 319.16(D), "if the auditor questions the validity of [this] expenditure... the auditor shall notify the court that presented the documents, shall issue the warrant under protest, and shall notify the auditor of state of the protest."

As an elected official and member of the judicial branch of county government, the Judge of the Geauga County Probate/Juvenile Court is authorized to fix the amount due to court vendors who perform services for the court. Therefore, pursuant to R.C. 307.55(A), this payment is to be processed "Live".

IT IS SO ORDERED.

TIMOTHY J. GRENDELL, JUDGE

CC: Fiscal Director

### Geauga County

# Mileage/Miscellaneous Reimbursement Voucher for ALL that follow IRS Standard Mileage

Reset Form

15598

**Print Form** 

PRINT EMPLOYEE NAME Susan Ebersbacher

5 DEPARTMENT CASA

DATE	ORIGIN	DESTINATION	MII FAGE	MISC AMOUNT
	PURPOSE	PURPOSE OF TRAVEL		
VCIVIC	470 Center St. Chardon OH	Courthouse Annex, Chardon OH	3 00 5	
14/16	Hearing #1 roundtrip		0.00	
VC1V1&	470 Center St. Chardon OH	Courthouse Annex, Chardon OH	3	<del>RM2nviv</del>
	Hearing #2 roundtrip			
	-	Courthouse Annex, Chardon OH	3	
12/C/C	Hearing roundtrip		J. 00	
3/0/3/	470 Center St. Chardon OH	Courthouse Annex, Chardon OH	بر 2	
47/0/6	Hearing #1 roundtrip		3.00 V	
3 5 2	470 Center St. Chardon OH	Courthouse Annex, Chardon OH	/ UU &	
77/0/6	Hearing #2 roundtrip		J. 00	
3/11/34	470 Center St. Chardon OH	Courthouse Annex, Chardon OH	) US C	
	Hearing roundtrip			
2/42/2/		Courthouse Annex, Chardon OH	// UU &	
011111	Hearing roundtrip		V:00	
VCIVVIE	3/14/24 470 Center St. Chardon OH	Courthouse Annex, Chardon OH	3	
	Hearing roundtrip		S. C.	
NCIVEIS	470 Center St. Chardon OH	JFS Ravenwood Drive, Chardon OH	14 20	101112
0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Meeting roundtrip		T.CC	
2/48/2/	470 Center St. Chardon OH	Courthouse Annex, Chardon OH	200	
5	Hearing #1 roundtrip		J. 0	The same and the same of the s
	TRAVELER'S CERTIFICATE	Co A	41.00	0.00
I certify tha	certify that the statements made hereon are true, that the	e Total Mileage Amount	(A) X .670**	27.47/c

expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as mileage was actually driven on County Business, and that the required in ORC 4509.51

Total Reimbursement

(B) + (C)

ORIGINAL RECEIPTS MUST BE ATTACHED

Commissioners Approved 01/04/2024 IRS .670 rate effective 01/01/2024

Revised 01/04/2024 RHL

Employee Signature

usen Cherobroker 3/28/24/

## Geauga County

# Mileage/Miscellaneous Reimbursement Voucher for ALL that follow IRS Standard Mileage

**Print Form** 

Reset Form

PRINT EMPLOYEE NAME Susan Ebersbacher

DEPARTMENT CASA

expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as required in ORC 4509.51. mileage was actually driven on County Business, and that the I certify that the statements made hereon are true, that the 3/25/24 3/25/24 DATE 470 Center St. Chardon OH Meeting roundtrip Hearing roundtrip Hearing #2 roundtrip Hearing roundtrip Hearing roundtrip Hearing roundtrip Elevatrolec 3/28/24 TRAVELER'S CERTIFICATE ORIGIN PURPOSE OF TRAVEL Courthouse Annex, Chardon OH Courthouse Annex, Chardon OH Courthouse Annex, Chardon OH JFS Ravenwood Dr., Chardon OH Courthouse Annex, Chardon OH Courthouse Annex, Chardon OH ORIGINAL RECEIRTS MUST BE ATTACHED DESTINATION Total Mileage Amount Total Reimbursement ၀ ⋗ IRS .670 rate effective 01/01/2024 (A) 3 0 0 3 0 0 (A) X .670\*\* 3.00 (A) MILEAGE 14.00 ~ 29.00 (B) + (C) MISC. AMOUNT 19 13 19.43 0.00

Employee Signature

Department Head Signature

Revised 01/04/2024 RHL